

### REMARKS/ARGUMENTS

Claims 12, 15, and 16 were pending in this application. Claims 12, 15, and 16 stand rejected under 35 U.S.C. § 103(a) as obvious over the combination of U.S. Pat. App. Pub. No. 2006/0106649 to Eggers et al. ("Eggers"), U.S. Pat. No. 7,117,041 to Engleson et al. ("Engleson") and U.S. Pat. App. Pub. No. 2002/0077852 to Ford et al. ("Ford"). Claim 12 has been hereby amended to more clearly point out the patentable aspects of the present invention and to overcome the rejections set forth in the Office Action. Independent claim 17 is newly presented. No new matter has been added. Thus, claims 12, 15, 16 and 17 are currently pending.

Embodiments of the present invention can include a method for tracking a portable medical device using both a medication management computer and a portable user access device. A user seeking to find a lost medical device can determine the last known general location of the medical device through interaction with the medication management computer. The user can then travel to that last known general location with the portable access device. If there are multiple medical devices located at the location such that the user cannot readily identify the device being sought or the desired device is otherwise hidden or obscured, the user can cause the access device to send a signal to the medication management computer which in turn can send a signal to the sought after medical device to activate an audible location assistance signal. This allows hospital personnel to quickly and efficiently locate a variety of hospital equipment that may have been misplaced in three-dimensional space as opposed to over a computer network.

Amended claim 12 and claim 17 are not obvious over the combination of Eggers, Engleson and Ford because these references fail to establish prima facie obviousness. Unlike the claimed invention, Engleson (C11, L38-50) and more particularly Ford merely discloses an audible alarm attached to a medical device that sounds to indicate a real-time device or patient

condition occurring at the device. Ford at ¶¶[0126], [0189]. For example, Ford states, “Normally, the pump will issue a warning of 15 beeps, and repeat that warning every two minutes that the keyboard remains idle.” Ford at ¶[0126]. In addition, Ford teaches, “If the previous value was not out of range for the drug, or was out of range in the opposite direction, the pump instead sounds a beep....” Ford at ¶[0189]. There is nothing in Ford that teaches or suggests using the audible beep to identify or locate the medical device it is attached to. Furthermore, Eggers and Engleson merely disclose systems for tracking the location of various pieces of medical equipment though information received via a computer network. See Eggers at ¶¶[0056]-[0058]; Engleson at col. 10, lines 45-67. Eggers and Engleson are entirely silent as to how a user of the systems disclosed therein might actually find a specific medical device at a particular location if the device is not clearly found/identifiable upon arrival at a general location suggested by a two-dimensional hospital map or a network access node. Conversely, amended claim 12 and claim 17 require “moving the user access device to the last known general physical location of the medical device” and “emitting a audible location assistance signal at the then current and specific physical location of the medical device” where “the last access node used by the medical device as reported at the medication management unit is insufficient to determine the then current and specific location of the medical device.” There is nothing in any of the cited references that teaches or suggests these limitations. Accordingly, the cited references fail to establish prima facie obviousness and Applicants respectfully request that the rejection of amended claim 12 be withdrawn. Claims 15 and 16 depend from claim 12 and are allowable for the same reasons. Claim 17 is also allowable for the reasons set forth above.

CONCLUSION

Applicants request entry of the present amendments and examination of the pending claims in view thereof. No fees or extension of time are believed to be due in connection with this paper, however, the Commissioner is authorized to consider this a request for any extension of time required and charge any fee deficiency, or credit any overpayments, to Deposit Account No. 50-3118. The Examiner is invited to contact the undersigned if the Examiner believes a telephone conference would expedite allowance of the present claims and application.

A timely and favorable response on the merits of the claims as amended is respectfully requested.

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Respectfully submitted,  
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